

**CLEARANCE OF PERSONNEL FOR SEPARATION OR TRANSFER**  
**Return this form to the Administrative Office, 36/5A13**

**A. GENERAL INFORMATION**

1. Employee Name	2. Organization and Location
3. Employee is: <input type="checkbox"/> Transferring to another Govt. Agency <input type="checkbox"/> Resigning/Termination/Retiring <input type="checkbox"/> Deceased <input type="checkbox"/> Other (Specify)	4. Separation Date
5. Signature and Title of Initiating Official	6. Date

**B. CLEARANCE ACTION**

<b>CLEARED</b>		<b>ITEM</b>
YES	NO	NIH KEY(S)
YES	NO	NIH CARD KEY(S)
YES	NO	NIH I.D. CARD
YES	NO	TELEPHONE CREDIT CARD
YES	NO	GOVT. AMERICAN EXPRESS CARD

If "NO" to 1-5 above, please explain:

Above received by: \_\_\_\_\_ Date \_\_\_\_\_  
Administrative Office

**OTHER CLEARANCES NEEDED:**

YES	NO	TRAVEL OBLIGATIONS OUTSTANDING
YES	NO/WILL CANCEL	DCRT ACCOUNTS AND/OR REGISTERED INITIALS CANCELED
YES	NO/WILL FOLLOW UP	ASSIGNED EQUIPMENT INVENTORIED
YES	NO/WILL DO	RENTAL EQUIPMENT CANCELED OR TRANSFERRED

\_\_\_\_\_  
Laboratory Chief/Laboratory Secretary Date \_\_\_\_\_

**C. REMARKS**

**D. CERTIFICATION OF CLEARANCE**

Signature and Title of Responsible Administrative Official	Date
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